

Atty Docket No. 082666-000100US

PTO FAX NO.: 1 703 872-9318

ATTENTION: Examiner H. Vu  
TELEPHONE NO.:

Group Art Unit 2811

**OFFICIAL COMMUNICATION**  
**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER H. Vu**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following document(s) in re Application of Jin-Kuo Ho, et al., Application No. 09/388,265, filed September 1, 1999 for OHMIC CONTACT TO SEMICONDUCTOR DEVICES AND METHOD OF MANUFACTURING THE SAME is being facsimile transmitted to the Patent and Trademark Office on the date shown below.


Document(s) Attached

1. Amendment
2. Petition to Extend Time
3. Fee Transmittal

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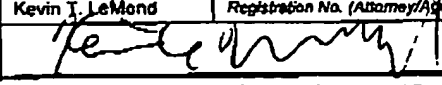
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PTO/SB/17 (10-03)

<b>FEE TRANSMITTAL for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/388,285
		Filing Date	September 1, 1999
		First Named Inventor	
		Examiner Name	H. Vu
		Art Unit	2811
TOTAL AMOUNT OF PAYMENT (\$)		420	
		Attorney Docket No.	082666-000100US

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">20-1430</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Townsend and Townsend and Crew LLP</span> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee in the above-identified deposit account.					<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																																																
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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	Kevin J. LeMond	Registration No. (Attorney/Agent)	35,933	Telephone	415-576-0200
Signature				Date	10/22/03

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